

**DIVISION OF MEDICAID
POLICY UPDATE
April 2016**

ADMINISTRATIVE RULES

Docket 16-0310-1601	16-0310-1601 Changes to Hospice reimbursement rates This rulemaking aligns this chapter of rules with recent changes in federal regulations (42 CFR 418.302) due to go into effect January 1, 2016. There is an estimated increase of \$213,000 in annual aggregate expenditures as a result of this rulemaking. \$64,000 of this will come from the State General Fund; the remaining \$149,000 will come from federal matching funds. This rulemaking is needed to revise reimbursement for Medicaid hospice providers. These rule changes will align this chapter of rules with recent changes in federal regulations (42 CFR 418.302). Specifically, these rule changes implement a two-tiered routine home care reimbursement for hospice providers, and add a new service intensity add-on payment to the hospice payment methodology for Medicaid.	
	Negotiated Rulemaking	N/A
	Negotiated Written Comment	N/A
	Published as temp/proposed	06/01/2016 (Vol. 16-6) 06/06/2016 (Vol. 16-7)
	Comment period ends	06/22/2016 (Vol. 16-6) 07/27/2016 (Vol. 16-7)
	Changes to rules based on comment submitted to APS	
	Pending rule publish	01/04/2017 (vol. 17-1)

Docket 16-0310-1602	16-0310-1602 Medicaid Enhanced Plan Benefits During the review and promulgation process for last year's substantial overhaul of the Home and Community Based Services (HCBS) rules in IDAPA 16.03.10, "Medicaid Enhanced Plan Services," (and the companion rule changes in IDAPA 16.03.13, "Consumer-Directed Services,"), stakeholders indicated ongoing difficulty in navigating and reviewing the HCBS waiver rules spread between the two chapters. To address this, the HCBS rules are being moved out this chapter and consolidated in a single rewritten and substantially expanded new IDAPA chapter 16.03.13, entitled: "Home and Community Based State Plan Option and Waiver Services." These rule changes will remove the rules in this chapter related to HCBS, and make technical corrections and updates will remove the rules in this chapter text where needed. (Including updates to citations).	
	Negotiated Rulemaking	06/17/2016
	Negotiated Written Comment	
	Published as temp/proposed	10/05/2016
	Comment period ends	10/26/16
	Changes to rules based on comment submitted to APS	
	Pending rule publish	01/04/2017

Docket 16-0313-1601	16-0313-1601 Consumer Directed Services During the review and promulgation process for last year's substantial overhaul of the Home and Community Based Services (HCBS) rules in IDAPA 16.03.10, "Medicaid Enhanced Plan Services," (and the companion rule changes in IDAPA 16.03.13, "Consumer-Directed Services,"), stakeholders indicated ongoing difficulty in navigating and reviewing the HCBS waiver rules spread between the two chapters. To address this, the current IDAPA 16.03.13 is being repealed and rewritten so that the HCBS rules can be moved out of IDAPA 16.03.10 and consolidated in a single rewritten and substantially expanded new IDAPA chapter 16.03.13, entitled: "Home and Community Based State Plan Option and Waiver Services." This chapter of rules is being repealed in its entirety	
	Negotiated Rulemaking	06/17/2016
	Negotiated Written Comment	
	Published as temp/proposed	10/05/2016
	Comment period ends	10/26/2016
	Changes to rules based on comment submitted to APS	
	Pending rule publish	01/04/2017

Docket 16-0313-1602	16-0313-1602 Home and Community Based State Plan Option and Waiver Services During the review and promulgation process for last year's substantial overhaul of the Home and Community Based Services (HCBS) rules in IDAPA 16.03.10, "Medicaid Enhanced Plan Services," (and the companion rule changes in IDAPA 16.03.13, "Consumer-Directed Services,"), stakeholders indicated ongoing difficulty in navigating and reviewing the HCBS waiver rules spread between the two chapters. To address this, the current IDAPA 16.03.13 is being repealed and rewritten so that the HCBS rules can be moved out of IDAPA 16.03.10 and consolidated in a single rewritten and substantially expanded new IDAPA chapter 16.03.13, entitled: "Home and Community Based State Plan Option and Waiver Services." This chapter of rules is being rewritten, reorganized, and substantially expanded to include all the rules related to HCBS waivers in one chapter. It will also contain the rules related to Consumer-Directed Services that is does currently.	
	Negotiated Rulemaking	06/17/2016
	Negotiated Written Comment	
	Published as temp/proposed	10/05/2016
	Comment period ends	10/26/2016
	Changes to rules based on comment submitted to APS	
	Pending rule publish	01/04/2017

Docket 16-0310-1601	16-0318-1601 Medicaid Cost Sharing	
	This rulemaking confers a benefit to Home and Community Based Services waiver participants by increasing their Personal Needs Allowance (PNA). These rule changes increase the PNA from 150% of the federal SSI amount to 180% of the federal SSI amount for eligible waiver participants who incur a mortgage or rent expense. The total anticipated cost of this rule change is projected to be \$1,524,158 per year, due to the reduced participant Share of Cost for Medicaid waiver services. The SFY17 blended rate Federal Medical Assistance Percentage (FMAP) is 70.91%. The impact to the state general fund is projected to be \$443,377 per year, based on current participant counts. This rule change will result in an increased cost of \$443,337 per year in state general funds and \$1,080,780 in federal dollars	
	Negotiated Rulemaking	
	Negotiated Written Comment	
	Published as temp/proposed	06/01/2016
	Comment period ends	04/22/2016
	Changes to rules based on comment submitted to APS	
	Pending rule publish	01/04/2017

RULES COMING SOON-TEMP/PROPOSED

Home Health/DME

Alignment with Federal Medicaid Pharmacy Regulations

STATE PLAN AMENDMENTS TITLE XIX

- 16-001 PCCM**
Tribal coordinator notified 8/28/2015
Submitted to CMS 3/23/2016 - 90 Day Clock 6/21/2016
- 16-002 Health Homes**
Tribal coordinator notified 8/28/2015
Submitted to CMS 3/25/16 – 90 Day Clock 6/23/16
- 16-003 Children’s 1915(i) State Plan HCBS review**
Tribal coordinator notified 2/2/2016
Submitted to CMS 3/02/2016 – 90 Day Clock 5/31/2016
- 16-004 Pregnancy related issues**
Tribal coordinator notified 3/4/2016
Submitted to CMS 3/22/2016 - 90 Day Clock 6/20/2016
- 16-005 LARC**
Tribal coordinator notified 4/8/2016
- 16-006 PCS Personal Care Services**
Tribal coordinator notified 3/18/2016

SPA COMING SOON

Adult 1915(i) HCBS updates (Sept)

Income Eligibility annual update

Community Based Rehabilitation Services (CBRS) in schools

STATE PLAN AMENDMENTS TITLE XXI

TITLE XXI COMING SOON

PCCM Changes

WAIVER ACTIVITY

QA Report ERP A&D and DD Adult 1915c
Submitted 12/31/15
Questions received 4/22/16 Responses due 7/31/16

WVR 15-01 IBHP (b) Waiver renewal
Tribal Coordinator Notified 3/18/15
Submitted to CMS 6/1/2015
Informal RAI received 6-11-2015
RAI response submitted 6/16/15
Formal RAI received 8/20/15 – 90 day clock is 11/17/15
Temporary Extension through 6/30/16

WAIVER AMENDMENTS COMING SOON

HCBS Waiver changes (May)
Dental 1915(b) renewal (October)
Waiver changes ResHab (August)